Reply to: (785) 296-3565 FAX (785) 296-5509 Bureau of Water - Geology Section 1000 S. W. Jackson, Ste. 420 Topeka, KS 66612-1367



WWC-8

## KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT OIL FIELD WATER SUPPLY WELLS – LETTER OF TRANSFER

I,	of			
		(Landowner's address)		
(City) (State) the quarter of the quarter Range E/W, in	arter of the	quarter in Section	, Township,	
feet north/south, and _				
corner. The water well was drilled				
I hereby request that	(Operator na	me)	leave the water well,	
which was drilled by Temporary Water Permit #, unplugged, and I will				
assume all responsibility for the plu	agging of said v	water well in accordance	with the requirements	
of the Kansas Department of Health	ı and Environm	nent regulation K.A.R. 28	3-30-7.	
LANDOWNER:		OPERATOR:		
(Signature) (Da	ate)	(Signature)	(Date)	
(Print)		By:(Agent)		
IF ADDITIONAL LANDOWNER				
(Signature) (Da	ate)			
(Print)				